

House Bill 2587

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of House Interim Committee on Judiciary)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Expands assessments and services provided by Healthy Start Family Support Services programs to include children from zero to three years of age and their families.

A BILL FOR AN ACT

1
2 Relating to Healthy Start Family Support Services programs; amending ORS 417.795.

3 **Be It Enacted by the People of the State of Oregon:**

4 **SECTION 1.** ORS 417.795, as amended by section 53, chapter 37, Oregon Laws 2012, is amended
5 to read:

6 417.795. (1) The Early Learning Council shall establish Healthy Start Family Support Services
7 programs through contracts entered into by local commissions on children and families in all coun-
8 ties of this state as funding becomes available.

9 (2) These programs shall be nonstigmatizing, voluntary and designed to achieve the appropriate
10 early childhood benchmarks and shall:

11 (a) Ensure that express written consent is obtained from the family prior to any release of in-
12 formation that is protected by federal or state law and before the family receives any services;

13 (b) Ensure that services are voluntary and that, if a family chooses not to accept services or
14 ends services, there are no adverse consequences for those decisions;

15 (c) Offer a voluntary comprehensive screening and risk assessment of all [*newly born*] children,
16 **from zero through three years of age**, and their families;

17 (d) Ensure that the disclosure of information gathered in conjunction with the voluntary com-
18 prehensive screening and risk assessment of children and their families is limited pursuant to ORS
19 417.728 (7) to the following purposes:

20 (A) Providing services under the programs to children and families who give their express
21 written consent;

22 (B) Providing statistical data that are not personally identifiable;

23 (C) Accomplishing other purposes for which the family has given express written consent; and

24 (D) Meeting the requirements of mandatory state and federal disclosure laws;

25 (e) Ensure that risk factors used in the risk assessment are limited to those risk factors that
26 have been shown by research to be associated with poor outcomes for children and families;

27 (f) Identify, as early as possible, families that would benefit most from the programs;

28 (g) Provide parenting education and support services, including but not limited to community-
29 based home visiting services and primary health care services;

30 (h) Provide other supports, including but not limited to referral to and linking of community and
31 public services for children and families such as mental health services, alcohol and drug treatment

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 programs that meet the standards promulgated by the Oregon Health Authority under ORS 430.357,
 2 child care, food, housing and transportation;

3 (i) Coordinate services for children consistent with the voluntary local early childhood system
 4 plan developed pursuant to ORS 417.777;

5 (j) Provide follow-up services and supports from zero through six years of age;

6 (k) Integrate data with any common data system for early childhood programs;

7 (L) Be included in a statewide independent evaluation to document:

8 (A) Level of screening and assessment;

9 (B) Incidence of child abuse and neglect;

10 (C) Change in parenting skills; and

11 (D) Rate of child development;

12 (m) Be included in a statewide training program in the dynamics of the skills needed to provide
 13 early childhood services, such as assessment and home visiting; and

14 (n) Meet voluntary statewide and local early childhood system quality assurance and quality
 15 improvement standards.

16 (3) The Healthy Start Family Support Services programs, local health departments and other
 17 providers of prenatal and perinatal services in counties, as part of the voluntary local early child-
 18 hood system, shall:

19 (a) Identify existing services and describe and prioritize additional services necessary for a
 20 voluntary home visit system;

21 (b) Build on existing programs;

22 (c) Maximize the use of volunteers and other community resources that support all families;

23 (d) Target, at a minimum, all [*first birth*] families in the county **with children from zero**
 24 **through three years of age**; and

25 (e) Ensure that home visiting services provided by local health departments for children and
 26 pregnant women support and are coordinated with local Healthy Start Family Support Services
 27 programs.

28 (4) Through a Healthy Start Family Support Services program, a trained family support worker
 29 or nurse shall be assigned to each family assessed as at risk that consents to receive services
 30 through the worker or nurse. The worker or nurse shall conduct home visits and assist the family
 31 in gaining access to needed services.

32 (5) The services required by this section shall be provided by hospitals, public or private entities
 33 or organizations, or any combination thereof, capable of providing all or part of the family risk as-
 34 sessment and the follow-up services. In granting a contract, a local commission may utilize
 35 collaborative contracting or requests for proposals and shall take into consideration the most ef-
 36 fective and consistent service delivery system.

37 (6) The family risk assessment and follow-up services for families at risk shall be provided by
 38 trained family support workers or nurses organized in teams supervised by a manager and including
 39 a family services coordinator who is available to consult.

40 (7) Each Healthy Start Family Support Services program shall adopt disciplinary procedures for
 41 family support workers, nurses and other employees of the program. The procedures shall provide
 42 appropriate disciplinary actions for family support workers, nurses and other employees who violate
 43 federal or state law or the policies of the program.

44 **SECTION 2.** ORS 417.795, as amended by sections 53 and 95, chapter 37, Oregon Laws 2012, is
 45 amended to read:

1 417.795. (1) The Early Learning Council shall establish Healthy Start Family Support Services
 2 programs in all counties of this state as funding becomes available.

3 (2) These programs shall be nonstigmatizing, voluntary and designed to achieve the appropriate
 4 early childhood benchmarks and shall:

5 (a) Ensure that express written consent is obtained from the family prior to any release of in-
 6 formation that is protected by federal or state law and before the family receives any services;

7 (b) Ensure that services are voluntary and that, if a family chooses not to accept services or
 8 ends services, there are no adverse consequences for those decisions;

9 (c) Offer a voluntary comprehensive screening and risk assessment of all [*newly born*] children,
 10 **from zero through three years of age**, and their families;

11 (d) Ensure that the disclosure of information gathered in conjunction with the voluntary com-
 12 prehensive screening and risk assessment of children and their families is limited pursuant to ORS
 13 417.728 (7) to the following purposes:

14 (A) Providing services under the programs to children and families who give their express
 15 written consent;

16 (B) Providing statistical data that are not personally identifiable;

17 (C) Accomplishing other purposes for which the family has given express written consent; and

18 (D) Meeting the requirements of mandatory state and federal disclosure laws;

19 (e) Ensure that risk factors used in the risk assessment are limited to those risk factors that
 20 have been shown by research to be associated with poor outcomes for children and families;

21 (f) Identify, as early as possible, families that would benefit most from the programs;

22 (g) Provide parenting education and support services, including but not limited to community-
 23 based home visiting services and primary health care services;

24 (h) Provide other supports, including but not limited to referral to and linking of community and
 25 public services for children and families such as mental health services, alcohol and drug treatment
 26 programs that meet the standards promulgated by the Oregon Health Authority under ORS 430.357,
 27 child care, food, housing and transportation;

28 (i) Coordinate services for children consistent with other services provided through the Oregon
 29 Early Learning System;

30 (j) Provide follow-up services and supports from zero through six years of age;

31 (k) Integrate data with any common data system for early childhood programs;

32 (L) Be included in a statewide independent evaluation to document:

33 (A) Level of screening and assessment;

34 (B) Incidence of child abuse and neglect;

35 (C) Change in parenting skills; and

36 (D) Rate of child development;

37 (m) Be included in a statewide training program in the dynamics of the skills needed to provide
 38 early childhood services, such as assessment and home visiting; and

39 (n) Meet statewide quality assurance and quality improvement standards.

40 (3) The Healthy Start Family Support Services programs, local health departments and other
 41 providers of prenatal and perinatal services in counties shall:

42 (a) Identify existing services and describe and prioritize additional services necessary for a
 43 voluntary home visit system;

44 (b) Build on existing programs;

45 (c) Maximize the use of volunteers and other community resources that support all families;

1 (d) Target, at a minimum, all [*first birth*] families in the county **with children from zero**
2 **through three years of age**; and

3 (e) Ensure that home visiting services provided by local health departments for children and
4 pregnant women support and are coordinated with local Healthy Start Family Support Services
5 programs.

6 (4) Through a Healthy Start Family Support Services program, a trained family support worker
7 or nurse shall be assigned to each family assessed as at risk that consents to receive services
8 through the worker or nurse. The worker or nurse shall conduct home visits and assist the family
9 in gaining access to needed services.

10 (5) The services required by this section shall be provided by hospitals, public or private entities
11 or organizations, or any combination thereof, capable of providing all or part of the family risk as-
12 sessment and the follow-up services. In granting a contract, collaborative contracting or requests for
13 proposals may be used and must include the most effective and consistent service delivery system.

14 (6) The family risk assessment and follow-up services for families at risk shall be provided by
15 trained family support workers or nurses organized in teams supervised by a manager and including
16 a family services coordinator who is available to consult.

17 (7) Each Healthy Start Family Support Services program shall adopt disciplinary procedures for
18 family support workers, nurses and other employees of the program. The procedures shall provide
19 appropriate disciplinary actions for family support workers, nurses and other employees who violate
20 federal or state law or the policies of the program.

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